

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (includes Reference to PCT International Applications)

Attorney's docket No.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"A method and a device for deformation of a material body"

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application.
 Serial No. _____
 on _____
 and was amended
 on _____ (if applicable).
- ☐ was filed as PCT international application
 Number PCT/SE99/02127
 on November 19, 1999
 and was amended under PCT Article 19
 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| COUNTRY (if PCT indicate PCT) | APPLICATION NO. | DATE OF FILING (day, month, year) | PRIORITY CLAIMED UNDER 35 U.S.C. 119 |
|----------------------------------|-----------------|--------------------------------------|---|
| Sweden | 9803956-3 | November 19, 1998 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Combined declaration for patent application and power of attorney (continued)
(includes Reference to PCT International Applications)

Attorney's docket No.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

| U.S. APPLICATIONS | | STATUS (Check one) | | |
|-------------------|------------------|--------------------|---------|-----------|
| APPLICATION NO. | U.S. FILING DATE | PATENTED | PENDING | ABANDONED |
| | | | | |
| | | | | |

| PCT APPLICATIONS DESIGNATING THE U.S. | | | | |
|---------------------------------------|-------------|---------------------------------|--|--|
| APPLICATION NO. | FILING DATE | US SERIAL NO. ASSIGNED (if any) | | |
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number):

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| POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |

